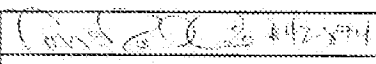


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4812). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/531,579-Conf. #1844
		Filing Date	October 12, 2005
		First Named inventor	Marco Maria GENTILE
		Examiner Name	K. J. Puttlitz
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00		Art Unit	1621
		Attorney Docket No.	3765-0114PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																											
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																				
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																					
Utility	300	150	500	250	200	100																																					
Design	200	100	100	50	130	65																																					
Plant	200	100	300	150	160	80																																					
Reissue	300	150	500	250	600	300																																					
Provisional	200	100	0	0	0	0																																					
2. EXCESS CLAIM FEES																																											
							Small Entity																																				
							Fee (\$)																																				
Fee Description							Fee (\$)																																				
Each claim over 20 (including Reissues)							50																																				
Each independent claim over 3 (including Reissues)							200																																				
Multiple dependent claims							360																																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><u>Total Claims</u></td> <td style="width: 20%;"><u>Extra Claims</u></td> <td style="width: 20%;"><u>Fee (\$)</u></td> <td style="width: 20%;"><u>Fee Paid (\$)</u></td> <td style="width: 20%;"><u>Multiple Dependent Claims</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="6"> HP = highest number of total claims paid for, if greater than 20. </td> </tr> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td colspan="2"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td colspan="2"></td> </tr> <tr> <td colspan="6"> HP = highest number of independent claims paid for, if greater than 3. </td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		_____	_____	_____	_____	_____	_____	HP = highest number of total claims paid for, if greater than 20.						<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			_____	_____	_____	_____			HP = highest number of independent claims paid for, if greater than 3.						
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>																																							
_____	_____	_____	_____	_____	_____																																						
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_____	_____	_____	_____																																								
HP = highest number of independent claims paid for, if greater than 3.																																											
3. APPLICATION SIZE FEE																																											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><u>Total Sheets</u></td> <td style="width: 20%;"><u>Extra Sheets</u></td> <td style="width: 20%;"><u>Number of each additional 50 or fraction thereof</u></td> <td style="width: 20%;"><u>Fee (\$)</u></td> <td style="width: 20%;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="5"> _____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____ </td> </tr> </table>								<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____	_____	_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____																									
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_____	_____	_____	_____	_____																																							
_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____																																											
4. OTHER FEE(S)																																											
							Fees Paid (\$)																																				
Non-English Specification. \$130 fee (no small entity discount)																																											
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00																																				
1253 Extension for response within third month							1,020.00																																				

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,623
Name (Print/Type)	Mark J. Nuell	Telephone	(703) 205-8043
		Date	FEB 26 2007